

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Citizens United Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00295527
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Strategic Media Placement		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 10 / 2014	
Mailing Address 7669 Stagers Loop		Amount 80000.00	
City Delaware	State OH	Zip Code 43015	Transaction ID : B495694
Purpose of Expenditure Television Ad - Media Buy. Ad airs 5/10 - 5/13.		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 09 / 2014
Name of Federal Candidate Sid Dinsdale		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 246550.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Strategy Group for Media		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 10 / 2014	
Mailing Address 7669 Stagers Loop		Amount 7250.00	
City Delaware	State OH	Zip Code 43015	Transaction ID : B495695
Purpose of Expenditure Television Ad - Production & Shipping. Ad airs 5/10 - 5/13.		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 09 / 2014
Name of Federal Candidate Sid Dinsdale		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 246550.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	87250.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kevin Allen

[Electronically Filed]

Date

MM / DD / YYYY
05 / 09 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Citizens United Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00295527	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Strategic Media Placement		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 10 / 2014	
Mailing Address 7669 Stagers Loop		Amount 20000.00	
City Delaware	State OH	Zip Code 43015	Transaction ID : B495691
Purpose of Expenditure Continuation of TV Ad - Media Buy. Ad airs 5/10 - 5/13.		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 09 / 2014
Name of Federal Candidate Ben Sasse		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 246550.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	20000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	107250.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kevin Allen

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